

United States Bankruptcy Court
61288, Houston TX 77208SOUTHERN DISTRICT OF TEXAS P.O.Box
(Houston Division)

PROOF OF CLAIM

Name of Debtor:

Case Number

☐ Stage Stores, Inc., a Delaware corporation
☐ Specialty Retailers, Inc., a Texas corporation
☐ Specialty Retailers, Inc. (NV), a Nevada corporation

00-35078-H2-11
 00-35079-H2-11
 00-35080-H2-11

Creditor ID#: 788-10553

*place an "x" beside the name of the Debtor you are filing a claim against

Name of Creditor (The person or other entity to whom the debtor owes money or property):

Cecil Reese

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Name and address where notices should be sent:

*****AUTO**3-DIGIT 496

Cecil Reese
 4262 5 Mile Rd
 Williamsburg MI 49690-9317



☐ Check box if you have never received any notices from the bankruptcy court in this case

☐ Check box if the address differs from the address on the envelope sent to you by the court.

Account or other number by which creditor identifies debtor:

Check here ☐ replaces if this claim ☐ amends a previously filed claim, dated: _____

1. Basis for Claim

- ☐ Goods sold
☐ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☐ Other _____

☒ Retiree benefits as defined in 11 U.S.C. § 1114(a)
☐ Wages, salaries, and compensation (Fill out below)

Your SS#: 371-10-0752

Unpaid compensation for services performed

from 9-1-00 to _____
 (date) (date)

2. Date debt was incurred:**3. If court judgment, date obtained:****4. Total Amount of Claim at Time Case Filed: \$** _____

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. Secured Claim.

☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

☐ Real Estate ☐ Motor Vehicle
☐ Other All personal and intangible property of Debtor's Estate

Value of Collateral: \$ _____

Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____

6. Unsecured Priority Claim.

☐ Check this box if you have an unsecured priority claim

Amount entitled to priority \$ _____

Specify the priority of the claim:

- ☐ Wages, salaries, or commissions (up to \$4,300)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3)
☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).
☐ Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).
☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).
☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a-____).
 *Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

the purpose of making this proof of claim.

8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

Date

7-14-00

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

Carol J. Bowski p.o.a. to Cecil

This Space is for Court Use Only

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Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

ALBERS INC.
P.O. BOX 35167 HOUSTON, TEXAS 77235-5167

POWER OF ATTORNEY

52 N. 5 Mile Road, Williamsburg, MI
Carol Jean Bowski of 4262 N. 5 Mile
49690, my Attorney in Fact with full
acted by me, to conduct all of my
do if personally present and with
ng, but not by way of limitation, the

manage, maintain, improve, invest,
e, exchange, convey and otherwise
my real or personal property or any
ceeds thereof and the income
upon such terms as my said Attorney
transfer any such property to the trustee
or for my benefit;

withdraw from any bank, savings and
ion, financial institution, brokerage
ny assets, any moneys, time
per or securities, which I may now or
r be entitled;

r surrender, any annuities, annuity
licies of which I am owner.

end or compromise any and all legal or
nnection with my affairs;

negotiate and accept checks, drafts,
otes and other obligations;

(6) To have access to any safe deposit box of which I am a
tenant or co-tenant with full power to withdraw or change from
time to time the contents thereof; and to exchange or surrender
the box and keys thereto, renew any rental contract therefore,
and to do and perform all things which any depository agency,
association or bank or its agent may require on the premises
hereby releasing the lessor from all liability in connection
therewith;

(7) To exercise all powers and options involving any of my
life insurance policies, retirement programs, compensation plans,
pension, profit sharing and other employee benefit plans;

(8) To prepare, execute and file all tax returns and obtain
refunds, compromise liabilities and appear for and represent me
in connection with any tax matter;

(9) To vote in any corporate meeting and to otherwise act
as my proxy with respect to any shares of stock, bonds, or
other investments I may now or hereafter hold and to exercise any
options, warrants or rights relative thereto;

INVOICE NUMBER VOUCHER GROSS DISC NET AMT
UHLMANS PENSION 0162652 67.43 .00 67.43

REMITTANCE STATEMENT

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS CHECKED ABOVE
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY.

080 05/18/00 CK NO: 646312 67.43 .00 67.43

(10) To engage and terminate employees, and professional advisors;

(11) To disburse such funds as may be necessary in the sole discretion of my said Attorney for the proper maintenance and support of myself, to continue any support that I may be giving to any members of my family, and to meet any emergencies which befall me such as illness or other misfortune.

(12) To perform all other acts necessary or incident to the execution of the power enumerated herein.

(13) In the event my daughter, Carol Jean Bowski shall be unable or unwilling to act hereunder as my Attorney in Fact, I appoint my son, Jerry A. Reece as my Attorney in Fact with full powers as hereinabove set forth for my daughter Carol Jean Bowski.


Any lawful act performed by my said Attorney shall be binding upon myself, my heirs, beneficiaries, personal representatives and assigns. I reserve the right to amend or revoke this Power of Attorney at any time hereafter; provided, however, any financial institution or other party dealing with my said Attorney may rely upon this Power of Attorney until receipt by it of a duly executed copy of my revocation thereof. Subject to the powers given herein to my said Attorney, I hereby retain all legal title to my property, and I do not intend hereby to create a trust or to hold my said Attorney responsible as a trustee.

Any reproduced copy of this signed original shall be deemed to be an original counterpart of this Power of Attorney. This Durable Power of Attorney shall not be affected by any legal incapacity during my lifetime, except as provided by statute.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 4th day of November, 1996.

IN THE PRESENCE OF:



Robert W. Brott


Cecil A. Reece


Maria V. Wilson

STATE OF MICHIGAN)
COUNTY OF GRAND TRAVERSE) ss.

On this 4th day of November, 1996, before me, a Notary Public in and for said County, personally appeared ---, to me known to be the same person described in and who executed the within instrument, who acknowledged the same to be his free act and deed.


Robert W. Brött, Notary Public
Grand Traverse County, Michigan
My commission expires: 7/8/98

PREPARED BY:
Robert W. Brött
BRÖTT, KIPLEY, P.C.
5168 US 31 North, PO Box 300
Acme, MI 49610 (616) 938-1000

STAGE STORES INC.

P.O. BOX 35167 HOUSTON, TEXAS 77235-5167

REMITTANCE STATEMENT

DATE	INVOICE NUMBER	VOUCHER	GROSS	DISC	NET AMT
05/25/00	UHLMANS	PENSION 0162652	67.43	.00	67.43

037580

05/18/00

CK NO: 646312

67.43

.00

67.43

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